

**MULTIPLE DEPENDENT CLAIMS
FOR CALIFICATION SHEET
(FOR USE WITH FORM 100-57)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		OTHER IMPAIRMENT		AFTER IMPAIRMENT		AFTER IMPAIRMENT		AFTER IMPAIRMENT		AFTER IMPAIRMENT	
IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
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50											
TOTAL	3										
IND.	72										
DEF.											
TOTAL	65										

100-57

ONLY AS USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
FEDERAL BUREAU OF INVESTIGATION